

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH AND RECOVERY SERVICES ADMINISTRATION
Olympia, Washington**

To: Psychologists
Managed Care Organizations

Memorandum No: 07-51
Issued: June 27, 2007

From: Douglas Porter, Assistant Secretary
Health and Recovery Services
Administration (HRSA)

For information, contact:
800.562.3022 (option 2) or go to:
<http://maa.dshs.wa.gov/contact/prucontact.asp>

Supersedes # Memo: 06-60

Subject: Psychologist Program: Fee Schedule Updates

Effective for dates of service on and after July 1, 2007, the Health and Recovery Services Administration (HRSA) will implement the updated Medicare Physician Fee Schedule Data Base (MPFSDB) Year 2007 relative value units (RVUs).

Maximum Allowable Fees

HRSA is updating the Psychologists Program fee schedule with Year 2007 RVUs. HRSA has adjusted the maximum allowable fees to reflect these updates.

Visit HRSA's web site at <http://maa.dshs.wa.gov/RBRVS/Index.html> to view the new fee schedule, effective July 1, 2007. **[The July 1, 2007 fee schedules will be updated prior to publication.]**

Bill HRSA your usual and customary charge.

New EPA Criteria

HRSA has added new Expedited Prior Authorization (EPA) for CPT codes 96118 and 96119. The new EPA criteria is described in the Neuropsychological Testing section of the *Psychologist Billing Instructions*.

Billing Instructions Replacement Pages

Attached are replacement pages B.1 – B.6 for HRSA's current *Psychologist Billing Instructions*.

How do I conduct business electronically with HRSA?

You may conduct business electronically with HRSA by accessing the WAMedWeb at <http://wamedweb.acs-inc.com>.

How can I get HRSA's provider documents?

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.

Coverage

What is covered?

The Health and Recovery Services Administration (HRSA) reimburses licensed psychologists for:

- Psychological evaluations;
- Developmental testing; and
- Neuropsychological testing.

Psychological Evaluation

[Refer to WAC 388-865-0610]

- A psychological evaluation must include a complete diagnostic history, examination, and assessment. The testing of cognitive processes, visual motor responses, and abstract abilities is accomplished by the combination of several types of testing procedures.
- To receive reimbursement for the evaluation, the psychologist must keep a report in the client's file that contains all of the components of a psychological evaluation including test results and interpretation of results.
- Use **CPT code 96101** when billing for psychological evaluations.
- Up to two (2) units of CPT™ code **96101** are allowed **without prior authorization** per client, per lifetime.
- If additional testing is necessary, psychologists **must** request additional units of CPT code **96101** through the prior authorization process.

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Developmental Testing

HRSA reimburses for developmental testing (CPT codes 96110 and 96111) only when:

- The provider is a psychologist or neuropsychologist; **and**
- The provider has obtained written/fax prior authorization from HRSA.

Neuropsychological Testing

HRSA reimburses for neuropsychological testing (CPT codes 96118 and 96119) only when:

- The provider is a neuropsychologist; **and**
- The provider has obtained written/fax prior authorization from HRSA or the client meets the EPA criteria below.

Note: HRSA no longer requires providers who bill for neuropsychological testing to be board-certified; however, providers must be able to furnish credentials that demonstrate their expertise upon request.

Note: If the client does not meet the EPA criteria listed in this section, HRSA requires PA for the testing. In addition, HRSA requires providers to request PA for testing that exceeds 15 hours per calendar year.

Services(s)	Neuropsychological testing of adults, age 16 and over, in an outpatient or inpatient setting.
Providers	<p>HRSA pays only “qualified” providers for administering neuropsychological testing to eligible HRSA clients. To be “qualified,” providers must be:</p> <ul style="list-style-type: none"> • Currently licensed in Washington state to practice psychology and/or clinical neuropsychology; and • Either: <ul style="list-style-type: none"> ✓ Board certified in clinical neuropsychology by the American Board of Clinical Neuropsychology; or ✓ Have adequate education, training, and experience as defined by having completed all of the following: <ul style="list-style-type: none"> ➤ A doctoral degree in psychology from an accredited university training program; ➤ An internship, or its equivalent, in a clinically relevant area of professional psychology; and

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Neuropsychological Testing (cont.)

	<p>➤ The equivalent of two full-time years of experience and specialized training, at least one of which is at the post-doctoral level, in the study and practice of clinical neuropsychology and related neurosciences. These two years must include supervision by a clinical neuropsychologist.</p>
Billing Codes	96118 and 96119 may be billed with EPA # 870001207 if all the criteria in this section are met.
Billing and Payment Limits	<p>A qualified provider may bill 96118 alone if he or she administers the test. If a technician administers the test, 96119 must be billed with 96118 to account for the professional interpretation and report of test results.</p> <p>Up to a maximum of 15 hours per calendar year for a combination of CPT 96118 and 96119 are allowed for patients who meet the criteria specified here.</p> <p>Note: If the client does not meet the criteria in this section or requires more than 15 hours of testing, the provider must request PA.</p>
Criteria	<p>The following are four groups of criteria that apply in different circumstances.</p> <p>To assist with rehabilitation efforts and manage outcomes in inpatient physical medicine and rehabilitation (PM&R) patients, criteria in Group 1 must be met.</p> <p>For outpatient or non-PM&R inpatient settings, criteria in any one of groups 1-4 must be met.</p> <p>Group 1</p> <ul style="list-style-type: none"> • The patient to be evaluated has, or is suspected to have, an acquired injury to the brain as a result of traumatic brain injury, stroke, multiple sclerosis, aneurysm, anoxia, dementia, neoplasm, or chemotherapy; • The patient is of working or school age (age 16 and older); • The patient was functioning normally (was able to attend school, work competitively, or live independently) prior to the brain disorder; • The patient has potential to return to important areas of role functioning (e.g., work, school, or independent living); AND • Testing will be used only in conjunction with functionally based rehabilitation, not “cognitive” rehabilitation.

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Neuropsychological Testing (cont.)

Criteria (cont.)	<p>Group 2</p> <p>The client is suspected to have a diagnosis of dementia or multiple sclerosis based on one of the following:</p> <ul style="list-style-type: none"> • Client or family complaints; • A head CT (computed tomography scan); or • A mental status examination or other medical examination. <p>This suspected diagnosis is not confirmed or able to be differentiated from the following:</p> <ul style="list-style-type: none"> • Normal aging; • Mild concussion; • Depression; or • Focal neurological impairments. <p>A firm diagnosis would change the medical treatment plan, clinical management, or aid important client or family decisions.</p> <p>Group 3</p> <p>The client is undergoing brain surgery for epilepsy, a tumor, or Parkinson's disease, and neuropsychological testing may help:</p> <ul style="list-style-type: none"> • Guide the surgeon in the goal of sparing healthy brain tissue or sites that are critical to some major function such as language; or • Identify poor candidates for neurological surgery due to dementia (e.g., in cases where deep brain stimulation implants are being considered to manage intractable tumors) <p>Group 4</p> <p>The client is being considered for surgery (e.g., a lung transplant), and neuropsychological testing may help identify if the client is a poor candidate for general surgery (e.g., in cases where cognitive impairment from chronic hypoxia or other risk factors make it unlikely that the person can accurately follow a rigorous post transplant protocol to prevent organ rejection).</p>
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Note: If the client does not meet the criteria in this section, the provider must request PA. Fax the request to HRSA at 360.586.1471.

Obtaining Prior Authorization

Send or fax your request for prior authorization to:

HRSA – Division of Medical Management
Attn: Medical Request Coordinator
PO Box 45506
Olympia, WA 98504-5506
FAX: (360) 586-1471

There are no changes to this page

What is not covered?

HRSA will *not* reimburse for:

- Psychotherapy provided by a psychologist or an ARNP; or
- Continuing care provided by psychologist or by staff employed by the psychologist.

Psychologist Coverage Table

CPT Code	Modifier	Brief Description	EPA/PA	Policy/Comments
Note: Due to its licensing agreement with the American Medical Association (AMA), HRSA publishes only the official, brief CPT® procedure code descriptions. To view the entire descriptions, please refer to your current CPT book				
96101		Psycho testing by psych/phys		Limit 2 units per lifetime.
96102		Psycho testing by technician		Not covered
96103		Psycho testing admin by comp		Not covered
96105		Assessment of aphasia		Not covered
96110		Developmental test, lim	PA	
96111		Developmental test, extend	PA	
96116		Neurobehavioral status exam	PA	
96118		Neuropsych tst by psych/phys	EPA # 870001207	
96119		Neuropsych testing by tech	EPA # 870001207	
96120		Neuropsych tst admin w/comp		Not covered

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